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Bib Data Sheet

CONFIRMATION NO. 4889

SERIAL NUMBER 10/578,078	FILING OR 371(c) DATE 03/07/2007 RULE	CLASS 544	GROUP ART UNIT 1624	ATTORNEY DOCKET NO.
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**** CONTINUING DATA *******

This application is a 371 of PCT/IN04/00343 08/11/2004

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 07/10/2007

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 0	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Process for the Preparation of Levofloxacin Hemihydrate

FILING FEE RECEIVED 1015	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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